

First Third And Second Third Land Ban Wastes
Demonstration of Practically Available
Technology which yields the Greatest
Environmental Benefit. For use with
land ban wastes where no treatment
standard has been set by EPA - (soft hammer wastes)

1993

Mr. VALDAS V. ADAMKUS
Regional Administrator
EPA Region ✓
230 S. DEARBORN
CHICAGO, IL 60604

SHIPMENT TO: PSC Environmental Management, Inc.
6125 1/2 N. Pecatonica RD, P.O. 697
Pecatonica, IL 61063
EPA# ILD980502744
PSC Profile # 3953

RECEIVED
WMD RCRA
RECORD CENTER
2-22-93
Comp

Dear Mr. ADAMKUS

This notification is a demonstration and certification that I have selected
reclamation and recycling as the practically available technology which
yields the greatest environmental benefit.

I. Identification information

Generator Name: COOK COUNTY HOSPITAL Manifest #: IL 3354
Address: 1853 W HARRISON Completed By: MIKE WILK
CHICAGO, IL 60612 Title: AGENT FOR PSC
EPA ID#: FLD 021295738 Date: 4-17-90

This shipment as referenced by the Manifest No. contains waste(a) which
correspond to the following USEPA Hazardous Waste Number(s): U151

Additional Waste Numbers may be listed on the Manifest.

II. In order to determine that reclamation and recycling as the practically
available technology which yields the greatest environmental benefit, I
contacted the facilities and officials listed below:

1. Official <u>ANDY SULEPHEN</u>	2. Official _____
Title <u>APPROVALS</u>	Title _____
Company <u>PSC ENVIRONMENTAL MGT</u>	Company _____
Address <u>6125 1/2 N. PECATONICA, PECATONICA, IL 61063</u>	Address _____
Telephone No. <u>815-239-1859</u>	Telephone No. _____
Date of Contact <u>7-27-89</u>	Date of Contact _____
3. Official _____	
Title _____	
Company _____	
Address _____	
Telephone No. _____	
Date of Contact _____	

Note: Part II need only be completed with the first shipment of wastes
regulated by the land ban rules.

III. I certify under penalty of law that the requirements of 40 CFR Part 268.8
(a) (1) have been met and that I have contracted to treated my waste by the
practically available technology which yields the greatest environmental
benefit, as indicated in my demonstration. I believe that the information
submitted is true, accurate and complete. I am aware that there are
significant penalties for submitting false information, Land Ban Certification
possibility of fine and imprisonment. 1990

Name MIKE WILK Signature Mike Wilk Date 3-2-90
AGENT FOR COOK COUNTY HOSP

1992

First Third And Second Third Land in Wastes
Demonstration of Practically Available
Technology which yields the Greatest
Environmental Benefit. For use with
land ban wastes where no treatment
standard has been set by EPA - (soft hammer wastes)

Mr. VALDAS V. ADAMKUS
Regional Administrator
EPA Region V
230 S. DEARBORN
CHICAGO, IL 60604

SHIPMENT TO: PSC Environmental Management, Inc.
6125 1/2 N. Pecatonica RD, P.O. 697
Pecatonica, IL 61063
EPA# ILD980502744
PSC Profile # 3953

Dear Mr. ADAMKUS

This notification is a demonstration and certification that I have determined that there is no practically available treatment, and I have selected **land disposal** as the practically available technology which yields the greatest environmental benefit.

I. Identification information

Generator Name: <u>COOK COUNTY HOSPITAL</u>	Manifest #: <u>IL 33542³⁴⁰</u>
Address: <u>1835 W. HARRISON</u>	Completed By: <u>MIKE WILK</u>
<u>CHICAGO, IL 60612</u>	Title: <u>AGENT FOR PES</u>
EPA ID#: <u>ILD 0212 95738</u>	Date: <u>4-17-89</u>

This shipment as referenced by the Manifest No. contains waste(a) which correspond to the following USEPA Hazardous Waste Number(s): P087

Additional Waste Numbers may be listed on the Manifest.

II. In order to determine that land disposal is the only alternative to treatment or recovery as the practically available technology which yields the greatest environmental benefit, I contacted the facilities and officials listed below:

- | | |
|---|-----------------------|
| 1. Official <u>ANDY SULEPHEN</u> | 2. Official _____ |
| Title <u>APPROVALS</u> | Title _____ |
| Company <u>PSC ENVIRONMENTAL MGT</u> | Company _____ |
| Address <u>6125 1/2 N. PECATONICA PECATONICA IL 61063</u> | Address _____ |
| Telephone No. <u>815-239-1859</u> | Telephone No. _____ |
| Date of Contact <u>7-27-89</u> | Date of Contact _____ |
| 3. Official _____ | |
| Title _____ | |
| Company _____ | |
| Address _____ | |
| Telephone No. _____ | |
| Date of Contact _____ | |

Note: Part II need only be completed with the first shipment of wastes regulated by the land ban rules.

III. I certify under penalty of law that the requirements of 40 CFR 268.8(a) (1) have been met and that disposal in a land fill or surface impoundment is the only practical alternative to treatment currently available. I believe that the information submitted is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Name MIKE WILK Signature Mike Wilk Date 3-2-90

First Third And Second Third Land Ban Wastes
Demor. ration of Practically Ava able
Technology which yields the Greatest
Environmental Benefit. For use with
land ban wastes where no treatment
standard has been set by EPA - (soft hammer wastes)

1991

Mr. VALDAS V. ADAMKUS
Regional Administrator
EPA Region V
230 S. DEARBORN
CHICAGO, IL 60604

SHIPMENT TO: PSC Environmental Management, Inc.
6125 1/2 N. Pecatonica RD, P.O. 697
Pecatonica, IL 61063
EPA# ILD980502744
PSC Profile # 3953

Dear Mr. ADAMKUS

This notification is a demonstration and certification that I have selected **neutralization and chemical stabilization** as the practically available technology which yields the greatest environmental benefit.

I. Identification information

Generator Name: COOK COUNTY HOSPITAL Manifest #: IL 3354³⁴⁰
Address: 1835 W. HARRISON Completed By: MIKE WILK
CHICAGO, IL 60612 Title: AGENT FOR PCS
EPA ID#: ILD 021295738 Date: 4-17-90

This shipment as referenced by the Manifest No. contains waste(a) which correspond to the following USEPA Hazardous Waste Number(s): P087

Additional Waste Numbers may be listed on the Manifest.

II. In order to determine that neutralization and waste water treatment as the practically available technology which yields the greatest environmental benefit, I contacted the facilities and officials listed below:

1. Official <u>ANDY SULEPTEN</u>	2. Official _____
Title <u>APPROVALS</u>	Title _____
Company <u>PSC ENVIRONMENTAL MGT</u>	Company _____
Address <u>6125 1/2 N. PECATONICA, PECATONICA, IL 61063</u>	Address _____
Telephone No. <u>815-239-1859</u>	Telephone No. _____
Date of Contact <u>7-27-89</u>	Date of Contact _____
3. Official _____	
Title _____	
Company _____	
Address _____	
Telephone No. _____	
Date of Contact _____	

Note: Part II need only be completed with the first shipment of wastes regulated by the land ban rules.

III. I certify under penalty of law that the requirements of 40 CFR Part 268.8 (a) (1) have been met and that I have contracted to treat my waste by the practically available technology which yields the greatest environmental benefit, as indicated in my demonstration. I believe that the information submitted is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Name MIKE WILK Signature Mike Wilk Date 3-2-90
AGENT FOR COOK COUNTY HOSP

First Third And Second Third Land Ban Wastes
Demonstration of Practically Available
Technology which yields the Greatest
Environmental Benefit. For use with
land ban wastes where no treatment
standard has been set by EPA - (soft hammer wastes)

1990

Mr. VALDAS V. ADAMKUS
Regional Administrator
EPA Region V
230 S. DEARBORN
CHICAGO, IL 60604

SHIPMENT TO: PSC Environmental Management, Inc.
6125 1/2 N. Pecatonica RD, P.O. 697
Pecatonica, IL 61063
EPA# ILD980502744
PSC Profile # 3953

Dear Mr. ADAMKUS

This notification is a demonstration and certification that I have selected
high temperature incineration as the practically available technology which
yields the greatest environmental benefit.

I. Identification information

Generator Name: COOK COUNTY HOSPITAL Manifest #: IL 3354³⁴⁰
Address: 1853 W. HARRISON Completed By: MIKE WILK
CHICAGO IL 60612 Title: AGENT FOR PSC
EPA ID#: ILD 021295738 Date: 4-17-90

This shipment as referenced by the Manifest No. contains waste(a) which
correspond to the following USEPA Hazardous Waste Number(s): 14012, 14188

Additional Waste Numbers may be listed on the Manifest.

II. In order to determine that high temperature incineration is the practically
available technology which yields the greatest environmental benefit, I
contacted the facilities and officials listed below:

1. Official <u>ANDY SULEPHEN</u>	2. Official _____
Title <u>APPROVALS</u>	Title _____
Company <u>PSC ENVIRONMENTAL MGT</u>	Company _____
Address <u>6125 1/2 N. PECATONICA, PECATONICA, IL 61063</u>	Address _____
Telephone No. <u>815-239-1859</u>	Telephone No. _____
Date of Contact <u>7-27-89</u>	Date of Contact _____
3. Official _____	
Title _____	
Company _____	
Address _____	
Telephone No. _____	
Date of Contact _____	

Note: Part II need only be completed with the first shipment of wastes
regulated by the land ban rules.

III. I certify under penalty of law that the requirements of 40 CFR Part 268.8
(a) (1) have been met and that I have contracted to treat my waste by the
practically available technology which yields the greatest environmental
benefit, as indicated in my demonstration. I believe that the information
submitted is true, accurate, and complete. I am aware that there are
significant penalties for submitting false information, including the
possibility of fine and imprisonment.

Name MIKE WILK Signature Mike Wilk Date 3-2-90
AGENT FOR COOK COUNTY HOSP

EPA		U.S. ENVIRONMENTAL PROTECTION AGENCY	
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY			
INSTALLATION'S EPA I.D. NO.	NOT on P.O.		
I. NAME OF INSTALLATION	walk-in 9/18/84		
II. INSTALLATION MAILING ADDRESS	COPY RECEIVED		
III. LOCATION OF INSTALLATION	PLEASE PLACE LABEL IN THIS SPACE		
15 OCT 1984		SEP 18 1984	
15 OCT 1984		WMD-RAIU	
		EPA, REGION V	

IN FINDS 3
batch 54
C101
already exists

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the space below. If the label is complete, draw a line through it and supply the correct information in the space below. If the label is incomplete, draw a line through it and supply the correct information in the space below.

FOR OFFICIAL USE ONLY

COMMENTS

15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55
----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----

INSTALLATION'S EPA I.D. NUMBER

APPROVED

DATE RECEIVED (yr., mo., & day)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55
IR002/295738															A		840918																																					

I. NAME OF INSTALLATION

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55
COOK COUNTY HOSPITAL																																																						

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55
31835 W HARRISON																																																						

CITY OR TOWN

ST.

ZIP CODE

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55
CHICAGO															IL		60612																																					

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55
51835 W HARRISON																																																						

CITY OR TOWN

ST.

ZIP CODE

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55
CHICAGO															IL		60612																																					

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

PHONE NO. (area code & no.)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55
CAMPBELL JEFF SAFETY COORD.															312-633-6000																																							

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55
COUNTY OF COOK ILLINOIS																																																						

B. TYPE OF OWNERSHIP (enter the appropriate letter into box)

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

F = FEDERAL
M = NON-FEDERAL☒ A. GENERATION☐ B. TRANSPORTATION (complete item VII)☐ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☐ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☒ A. FIRST NOTIFICATION☐ B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

reentered 10/10/84

I.D. - FOR OFFICIAL USE ONLY														
5														
W														
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 F003 23 - 26	2 23 - 26	3 23 - 26	4 23 - 26	5 23 - 26	6 23 - 26
7 23 - 26	8 23 - 26	9 23 - 26	10 23 - 26	11 23 - 26	12 23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13 23 - 26	14 23 - 26	15 23 - 26	16 23 - 26	17 23 - 26	18 23 - 26
19 23 - 26	20 23 - 26	21 23 - 26	22 23 - 26	23 23 - 26	24 23 - 26
25 23 - 26	26 23 - 26	27 23 - 26	28 23 - 26	29 23 - 26	30 23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31 23 - 26	32 23 - 26	33 23 - 26	34 23 - 26	35 23 - 26	36 23 - 26
37 23 - 26	38 23 - 26	39 23 - 26	40 23 - 26	41 23 - 26	42 23 - 26
43 23 - 26	44 23 - 26	45 23 - 26	46 23 - 26	47 23 - 26	48 23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49 23 - 26	50 23 - 26	51 23 - 26	52 23 - 26	53 23 - 26	54 23 - 26
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E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

<input checked="" type="checkbox"/> 1. IGNITABLE (D001)	<input checked="" type="checkbox"/> 2. CORROSIVE (D002)	<input checked="" type="checkbox"/> 3. REACTIVE (D003)	<input checked="" type="checkbox"/> 4. TOXIC (D000)
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X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE Jeffery C. Campbell	NAME & OFFICIAL TITLE (type or print) JEFFERY C CAMPBELL SAFETY COORDINATOR OF HAZARDOUS WASTE	DATE SIGNED 9/18/84
----------------------------------	--	------------------------

U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTALLATION'S EPA I.D. NO.
I. NAME OF INSTALLATION
II. INSTALLATION MAILING ADDRESS
III. LOCATION OF INSTALLATION

PLEASE PLACE LABEL IN THIS SPACE

NOT on P.O.

walk-in
9/18/84

RECEIVED

SEP 18 1984

WMD-RAIU
EPA, REGION V

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

FOR OFFICIAL USE ONLY

COMMENTS

INSTALLATION'S EPA I.D. NUMBER	APPROVED	DATE RECEIVED (yr., mo., & day)
22002/295738	A	840918

I. NAME OF INSTALLATION

COOK COUNTY HOSPITAL

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

1835 W HARRISON

CITY OR TOWN

CHICAGO

ST.

IL 60612

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

1835 W HARRISON

CITY OR TOWN

CHICAGO

ST.

IL 60612

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

CAMPLIN JEFF SAFETY COORD.

PHONE NO. (area code & no.)

312-633-6080

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

COUNTY OF COOK ILLINOIS

B. TYPE OF OWNERSHIP (enter the appropriate letter into box)

F = FEDERAL
M = NON-FEDERAL

M

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

☒ A. GENERATION☐ B. TRANSPORTATION (complete item VII)☐ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☐ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

C. INSTALLATION'S EPA I.D. NO.

☒ A. FIRST NOTIFICATION☐ B. SUBSEQUENT NOTIFICATION (complete item C)

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

W

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 F003 23 - 26	2 23 - 26	3 23 - 26	4 23 - 26	5 23 - 26	6 23 - 26
7 23 - 26	8 23 - 26	9 23 - 26	10 23 - 26	11 23 - 26	12 23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13 23 - 26	14 23 - 26	15 23 - 26	16 23 - 26	17 23 - 26	18 23 - 26
19 23 - 26	20 23 - 26	21 23 - 26	22 23 - 26	23 23 - 26	24 23 - 26
25 23 - 26	26 23 - 26	27 23 - 26	28 23 - 26	29 23 - 26	30 23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31 23 - 26	32 23 - 26	33 23 - 26	34 23 - 26	35 23 - 26	36 23 - 26
37 23 - 26	38 23 - 26	39 23 - 26	40 23 - 26	41 23 - 26	42 23 - 26
43 23 - 26	44 23 - 26	45 23 - 26	46 23 - 26	47 23 - 26	48 23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49 23 - 26	50 23 - 26	51 23 - 26	52 23 - 26	53 23 - 26	54 23 - 26
---------------	---------------	---------------	---------------	---------------	---------------

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☒ 1. IGNITABLE
(D001)

☒ 2. CORROSIVE
(D002)

☒ 3. REACTIVE
(D003)

☒ 4. TOXIC
(D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

Jeffery C Camplin

NAME & OFFICIAL TITLE (type or print)

JEFFERY C CAMPLIN
SAFETY COORDINATOR OF HAZARDOUS
WASTE

DATE SIGNED

9/18/84



ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

• ILD021295738

INSTALLATION ADDRESS

COOK COUNTY HOSPITAL
1835 W HARRISON
CHICAGO

IL 60612

1835 W HARRISON
CHICAGO

IL 60612

m 10/5/84